

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E AUG 16 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8346</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Cheryl A. Guinn</u> P.O. Box, Bldg., Room No., if any Street <u>55 Dustin Ct.</u> City <u>St. Charles</u> State <u>MO</u> ZIP Code + 4 <u>63303</u>	4. Name, file number, and address of labor organization. Name <u>UNITE HERE LOCAL 74</u> Labor Organization File Number <u>508-538</u> P.O. Box, Building and Room Number, if any Street <u>4433 Woodson Rd. Suite 103</u> City <u>St. Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63134</u> <u>3713</u>
5. Position in labor organization. <u>LABOR TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>The Commerce Trust Company</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>8000 Forsyth Blvd.</u> City <u>St. Louis, (Clayton)</u> State <u>Missouri</u> ZIP Code + 4 <u>63105-</u> <u>3751</u>	7.a. Nature of Interest, Transaction, or Income. <u>04-28-04 Annual Client Ballgame \$108.50</u> <u>12-01-04 Annual Client IFEBP Conference Dinner \$93.00</u> <u>12-06-04 DINNER Meeting \$67.39</u> 7.b. Amount. <u>\$268.89</u>
--	---

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Cheryl A. Guinn

On

08-08-05

Date

636 928-0172

Telephone Number

Name of Person Filing Cheryl Guinn

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNITEHERE Local 74
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 103
Street 4433 Woodson Rd.
City St. Louis
State MO ZIP Code + 4 631343713

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITEHERE Local 74 Health & Welfare Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 12160 Natural Bridge Rd.
City St. Louis
State MO ZIP Code + 4 630444079

11.a. Nature of such dealing.

Convention: International Foundation of
Employee Benefits #0401
New Orleans - 12/1/ - 12/4/04
Airline ticket, Hotel expense, daily expenses

11.b. Approximate dollar value of such dealing.

\$2,782.88

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Cheryl Guinn

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNITEHERE Local 74

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 103

Street 4433 Woodson Rd.

City St. Louis

State MO ZIP Code + 4 631343713

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITEHERE Local 74 Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12160 Natural Bridge Rd.

City Bridgeton

State MO ZIP Code + 4 630444079

11.a. Nature of such dealing.

Convention: International Foundation of
Employee Benefits Convention #0501
Hawaii- 11/13/- 11/16/05
Registration & Hotel Deposit

11.b. Approximate dollar value of such dealing.

\$1,310.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.